



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400001

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SIAM LOTUS, INC.

DOING BUSINESS AS

ADDRESS 1331 BOSTON PROVIDENCE TURNPIK

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: VIRIYABONTORN, TYPE OF LICENSE: Restaurant  
PAUL

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING WITH BASEMENT, RESTAURANT AND KITCHEN WITH SEATING  
CAPACITY OF 120, MAIN ENTRANCE/EXIT IN FRONT OF BUILD. EXIT AT KITCHEN IN  
REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

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\_\_\_\_\_

DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400002

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORWOOD COUNTRY CLUB INC.

DOING BUSINESS AS

ADDRESS 400 BOSTON PROV.TPK

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: Osgood, Kevin

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

BASEMENT AREA, BAR, LOUNGE, FUNCTION ROOM, OFFICES, PRO SHOP, LOCKER ROOM, SHOWERS AND STORAGE ROOM. THREE EXITS. THE AREA CONTAINING 18 HOLES OF THE GOLD COURSE SHOWN ON THE PLAN DATES APRIL 23, 2009, AND MARKED AS EXHIBIT 1. ALCOHOL TO BE SOLD FROM BEVERAGE CART.

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400003

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GRAND SLAM RESTAURANT CONCEPTS NORWOOD LLC

DOING BUSINESS AS JAKE N JOBS

ADDRESS 475 BOSTON PROVIDENCE TRNPKE

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: FRUGGIERO,  
GERARD D.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES CONTAINS APPROX. 7000 S.F WITH DINING AREA, BAR, KITCHEN,  
BATHROOMS AND PATIO AREA OUTSIDE. ONE MAIN ENTRANCE IN FRONT, 2  
ENTRANCES TO PATIO AREA, 3 EMERGENCY EXITS REAR AND SIDE OF BUILDING

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400004

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OUTBACK STEAKHOUSE OF FLORIDA,LLC

DOING BUSINESS AS OUTBACK STEAKHOUSE

ADDRESS 1210 BOSTON PROVIDENCE TRPKE

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: TODD,RYAN P.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY UNIT APPROX. 6400 SQ. FT., 1 DINING ROOM; KITCHEN, 2 PUBLIC BATHROOMS 1 ENTRANCES/EXITS IN FRONT; ONE EMERGENCY EXIT IN THE REAR.

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400005

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

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LICENSEE NAME: BONCALDO, INC.

DOING BUSINESS AS BON CALDO

ADDRESS 1381 BOSTON PROV.TPK

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: BONCALDO,  
JOSEPH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE ENTIRE FREE STANDING BUILDING CONSISTING OF 3 DINING ROOM ENTRANCES  
AND EXITS. ONE OFFICE EMERGENCY EXIT, 2 FLOORS, 5 ROOMS, 2 DINING ROOMS, ONE  
LOUNGE, ONE KITCHEN AND ONE OFFICE

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400006

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NEPONSET RIVER LLC

DOING BUSINESS AS SHERATON FORU POINTS NORWOOD

ADDRESS 1151 BOSTON-PROV.TPK

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: CASEY, KEVIN E.. TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2-FLOOR CONFERENCE/TRAINING CENTER CONNECTING TO A 5TH FLOOR  
HOTEL. BEVERAGES SERVED IN ALL SPACES WITHIN & ADJACENT TO LOUNGES, GUEST  
ROOMS, FUNCTION SPACE & ALL DINING AREAS AND OR RESTAURANT & PATIOS AS  
SET FORTH IN DIAGRAM "A" OF SAME PREMISES AS PERTINENT & CONTIGUOUS TO & IN  
CONJUNCTION WITH CONFERENCE CENTER & HOTEL.

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400007

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FATISMARE CORP.

DOING BUSINESS AS FEISTY GREEK

ADDRESS 38 VANDERBILT AVENUE

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: TIGLIANIDIS,  
KONSTANTINE

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR IN A ONE STORY BLDG, HAVING ONE ENTRANCE AND EXIT IN FRONT AND REAR OF PREMISES. THERE WILL BE NO STEPS FROM THE EXTERIOR TO INTERIOR OF PREMISES

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400008

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LOU & DEB, INC.

DOING BUSINESS AS LOU & DEB'S

ADDRESS 198 CENTRAL ST.

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: COLUMBO, LOUIS TYPE OF LICENSE: Restaurant  
J., JR.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS AND A PARTIAL BASEMENT, FIRST FLOOR; ONE ROOM AND TWO  
RESTROOMS. SECOND FLOOR; STORAGE PURPOSES ONLY. PARTIAL BASE-  
MENT FOR STORAGE ONE FRONT DOOR AND ONE SIDE DOOR outdoor patio area with gate at rear

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400009

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEWIS REST. & GRILLE INC.

DOING BUSINESS AS

ADDRESS 86-92 CENTRAL ST.

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: KELLEY, DAVID TYPE OF LICENSE: Restaurant  
W.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, STOREROOM AND REFRIGERATOR ROOM IN BASE- MENT. 88-92 CENTRAL ST-TWO DINING ROOMS AND KITCHEN ON STREET FLOOR. ALL ROOMS TO BE USED FOR FOOD AND BEVERAGE SERVICE. THREE ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400011

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FOUR PROVINCES REALTY, INC.

DOING BUSINESS AS NAPPER TANDY'S

ADDRESS 46 DAY ST.

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: JACOB, JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE/EXIT ON DAY STREET AND TWO REAR EXITS TWO DINING ROOMS  
WITH BAR AREA, ONE KITCHEN AND BASEMENT FOR STORAGE. 17X30 PATIO IN THE  
REAR OF THE BUILDING

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400012

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORWOOD POST #2452 V.F.W. BLDG. ASSN. INC.

DOING BUSINESS AS

ADDRESS 193 DEAN ST.

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: DONLAN JR.,  
THOMAS E.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH BASEMENT. TWO ENTRANCES AND FOUR EXITS. 1ST FLR; MEMBERS AREA, KITCHEN, RESTROOMS, SERVICE AREA, FUNCTION ROOM, KITCHEN, RESTROOMS, CHECK ROOM, SERVICE AREA AND HALL. BASEMENT; BOILER ROOM AND STORAGE AREA

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400013

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOBCON, INC.

DOING BUSINESS AS CONRAD'S PUB II

ADDRESS 728 WASHINGTON STREET

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: CONRAD, ROBERT TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLOOR OF 1 STORY BLDG. COCKTAIL LOUNGE, 1 DINING RM. & 1 FUNCTION RM. 1  
ENCLOSED PATIO, 1 OUTSIDE PATIO, 1 SERVICE BAR FOR FUNCTION ROOM; 1 ENT/EXIT  
FROM SIDE LOT; 1 IN REAR FOR DELIVERY.

I hereby certify and swear under penalties of perjury that:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400014

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: IRISH HEAVEN INC.

DOING BUSINESS AS CONCANNON'S VILLAGE

ADDRESS 60 LENOX ST.

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: CONCANNON,  
THOMAS F.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4 MAIN ENTRANCES AND 7 EXITS. ONE FLOOR WITH ONE DINING ROOM ALSO FOR DANCING, 2 BARS, LOUNGE, COAT ROOM, ONE KITCHEN, TWO OFFICES ONE GARAGE FOR STORAGE, AND ONE STORAGE ROOM IN REAR

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400015

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLDE COLONIAL CAFE, INC.

DOING BUSINESS AS

ADDRESS 171 NAHATAN ST.

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: ANGELO, PAUL R. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

APPROX. 8,800 SQ. FT. OF FLOOR SPACE ON 3 FLOORS, WITH ONE FRONT ENT. AND FOUR EXITS- FRONT, BACK, FIRE, AND CELLAR. OUTSIDE PATIO ON NORTHERLY SIDE (20' X 20') OF PREMISES. ENTRANCE FROM INSIDE RESTAURANT AND RAMP FROM CENTRAL STREET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

\_\_\_\_\_



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400017

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE CHATEAU RESTAURANT OF NORWOOD, INC

DOING BUSINESS AS

ADDRESS 404 BOSTON PROVIDENCE TPK

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: SWEET,  
MICHELLE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLR; BASEMENT AREA CONTAINING FUNCTION ROOMS, PANTRY AND STORAGE ROOMS. 2ND FLR; 3 DINING ROOMS, KITCHEN, LIQUOR STORAGE ROOM, 2 LOUNGES ONE OF WHICH HAS A DANCE FLOOR. 3 MAIN ENTRANCES AND 3 FIRE EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

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\_\_\_\_\_

DATE:

\_\_\_\_\_



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400018

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORWOOD HOTEL OPERATOR, LLC

DOING BUSINESS A HAMPTON INN

ADDRESS 434 BOSTON PROVIDENCE TPK

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: BROOKS,  
CAMILLE /  
SANDERS, JEF

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

110 SINGLE AND DOUBLE HOTEL ROOMS, 30 SUITES, BREAKFAST ROOM WITH 4  
ENT/EXITS, 1 MEETING ROOM, BOARD ROOM 4 ENT/EXITS. 1 FULL SERVICE RESTAURANT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE:

\_\_\_\_\_



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*Alcoholic Beverages Control Commission*  
239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400020

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DUBLIN INC.

DOING BUSINESS AS SHAMROCK PUB

ADDRESS 175-79 RAILROAD AVE

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: GUNNING, MARY TYPE OF LICENSE: Restaurant  
C.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM, BARROOM, KITCHEN, STOREROOM ON STREET FLR. TWO STORY FRAME  
BLDG. ONE REAR EXIT AND TWO FRONT ENTRANCES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400021

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE COLONIAL HOUSE RESTAURANT, INC.

DOING BUSINESS AS

ADDRESS 33 SAVIN AVE.

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: ROOF, MICHAEL J TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT ENTRANCE AND ONE REAR EXIT. DINING ROOM AND KITCHEN ON STREET FLOOR OF A SINGLE STORY FRAME STRUCTURE WITH CELLAR FOR STORAGE. BY RENOVATION, LOUNGE AT REAR. TOTAL STRUCTURE 1907 SQ FT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400022

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HIBACHI STEAK HOUSE, INC

DOING BUSINESS AS HIBACHI STEAK HOUSE

ADDRESS 315 MORSE ST

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: LIN, MAY XUE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PORTION OF ONE STORY BLDG LOCATED ON MORSE ST. APPROX 6000 SQ FT WITH ONE ENTRANCE AND TWO EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400024

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LIMEYS NORWOOD INC.

DOING BUSINESS A LIMEY'S PUB

ADDRESS 659 WASHINGTON ST

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: WINSTANLEY,  
MARY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2,700 SQ. FT. OF EXISTING RESTAURNT. RESTAURNT & PUB, WITH 1 ENTRANCE  
ON WASHINGTON ST. AND 1 EXIT IN REAR OF BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400025

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERTUCCI'S RESTAURANT CORP.

DOING BUSINESS AS BERTUCCI'S BRICK OVEN RISTORANTE

ADDRESS 1405 BOSTON PROV. TURNPIKE

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: FITZGIBBON,  
CHRISTINA M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

approx 8300 sf in a one story bldg, exit, 4 emergency exits. Outdoor patio

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400026

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: G & N APOLLO INC.

DOING BUSINESS AS APOLLO RESTAURANT

ADDRESS 615-23 WASHINGTON ST

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: VERGAKIS,  
GEORGE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

8200 SQ FT ON FIRST FLOOR. TWO ENTRANCES AND EXITS ON WASHINGTON ST AND  
TWO ENT/EXITS ON REAR OF BLDG ABUTTING PARKING LOT. 4000 SQ FT OF BASEMENT,  
PART OF WHICH BEER AND LIQUOR WILL BE STORED UNDER LOCK AND KEY

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400028

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STAR CORPORATION

DOING BUSINESS AS CAFE VENICE

ADDRESS 1086 WASHINGTON ST.

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: O'BRIEN, ARLENE TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

**DESCRIPTION OF LICENSED PREMISES:**

ONE FRONT ENTRANCE, ONE DELIVERY DOOR. ONE SIDE ENTRANCE. 2 DINING ROOMS WITH FRONT ENTRANCE. SIDE ENTRANCE THRU LOUNGE. BASEMENT FOR STORAGE. FRONT ENTRANCE FROM FIRST FLOOR. REAR ENTRANCE FROM BACK. ONE KITCHEN AND LOUNGE AT 6 HEATON AVE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400029

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DAC LLC

DOING BUSINESS AS KRAYZEE HORSE PUB & GRILL

ADDRESS 1112 WASHINGTON ST.

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: GRANT,  
CHRISTOPHER S.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2,817 SQ. FT. PLUS BASEMENT. CAPACITY OF 60, 2 FRONT ENTRANCES, 1 IN LOUNGE, 1 IN FUNCTION AREA, 3 REAR EXITS, 1 IN BASEMENT, 1 IN KITCHEN, 1 IN LOUNGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400030

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 32 GUILD STREET INC.

DOING BUSINESS A

ADDRESS 32 GUILD ST

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: DELAPA,  
ANTHONY P.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF A THREE STORY BUILDING WITH ONE COCKTAIL LOUNGE, DINING ROOM WITH BAR, FUNCTION ROOM, PRIVATE DINING ROOM, 2 MEN'S AND 2 LADIES BATHROOMS, COATROOM, 1 ENTRANCE/EXIT ON CENTRAL ST., 1 ENTRANCE/EXIT ON CENTRAL ST. EAST, 1 ENT/EXIT ON GUILD ST. 1 ENT/EXIT TO REAR PARKING LOT. ORIGINAL OCCUPANCY WAS ERRONEOUSLY STATED AS SEATING CAPACITY 98 AND THAT OCCUPANCY WAS 125: THE CORRECT NUMBER FOR BOTH IS 185 PERSONS. ADDITION OF OUTSIDE PATIO/DECK

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400031

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORWOOD LODGE B.P.O ELKS #1124

DOING BUSINESS A

ADDRESS 152 WINSLOW AVE.

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: KELLEY,  
STEPHEN J.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BRICK BLDG. FIRST FLOOR; 2 ENTRANCES AND EXITS AND ONE SERVICE ENTRANCE ON SOUTH SIDE OF BLDG. FUNCTION ROOM AND BAR 4 ROOMS FOR STORAGE. 2ND FLR; ONE ENTRANCE AND EXIT AND TWO SAFETY EXITS, ONE ON EITHER SIDE OF BLDG. GRILL ROOM, LOUNGE AND BAR AND ONE STORAGE ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400032

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WORKMEN'S HALL OF NORWOOD INC

DOING BUSINESS AS

ADDRESS 99 WILSTON ST. & 1/2

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: STAMPFL,  
GRETCHEN

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 SIDE ENTRANCES; TWO REAR EXITS AND TWO FRONT ENTRANCES. FIRST FLR;  
ASSEMBLY HALL AND SERVICE BAR. BASEMENT; ASSEMBLY HALL, TAP ROOM AND  
STORAGE ROOM. PICNIC AREA IN BACK OF BLDG

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400033

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROYAL PIZZA, INC.

DOING BUSINESS AS

ADDRESS 1001 BOSTON PROVIDENCE TPK.

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: PAPPAS, PETER K. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SOUTHEAST CORNER OF DEAN ST PLAZA. TWO DOORS, SOUTH AND NORTH  
ENTRANCES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400034

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FOLSOM COMPANIES, INC.

DOING BUSINESS AS BROADWAY LIQUORS

ADDRESS 50 BROADWAY

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: FOLSOM,  
ROBERT C.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

50 BROADWAY THE INTERIOR SPACE CONTAINS 2,500 SQUARE FEET ON ONE (1) FLOOR, WITH TWO (2) ENTRANCES AND EXITS, ONE FACING BROADWAY AND THE OTHER FACING THE SIDE OF THE PREMISES. THE SALES AREA IS 28 FEET BY 50 FT, THE SPACE CONTAINS TWO TOILETS AND ONE OFFICE, 9 FEET BY 7 FEET.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

\_\_\_\_\_

DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400035

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORWOOD WINES & LIQUOR, INC.

DOING BUSINESS AS

ADDRESS 140 NAHATAN ST

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: FRUCI, ANTHONY TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
D.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE FLOOR STORE IN STAR MARKET SHOPPING CENTER. ONE STORY BRICK BLDG. 2  
ROOMS; FRONT PORTION FOR SALES, REAR FOR STORAGE. ENTRANCE FOR SALES AREA  
FACING NAHATAN ST, DELIVERY ENTRANCE FACING ROCK ST

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400039

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROUTE 1 LIQUOR MART, INC.

DOING BUSINESS AS BAYSTATE WINE AND SPIRITS

ADDRESS 426 WALPOLE ST

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: CIVILINSKI,  
JAMES

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

25 X 100' WITH SINGLE FRONT DOOR FOR PUBLIC & SINGLE BACK DOOR FOR DELIVERIES. TWO BATHROOMS & A UTILITY RM. IT IS ON CONCRETE SLAB WITHOUT A BASEMENT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400040

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FABIANO, LEONARD

DOING BUSINESS AS NORTH END STYLE DELI

ADDRESS 445 WALPOLE ST

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR SHOP WITH TWO STORAGE ROOMS IN REAR, ALL ON ONE FLOOR; NO  
BASEMENT; TWO EXIT DOORS TO THE REAR AND ONE FRONT ENTRANCE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400041

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MOHAMMAD A RAHMAN

DOING BUSINESS AS CONVENIENT FOOD MART

ADDRESS 492 WALPOLE ST

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTRANCE AND EXIT. ONE FLOOR, NO CELLAR. ONE ROOM. RETAIL GROCERY STORE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400042

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RAMA WINE & SPIRITS, INC

DOING BUSINESS AS

ADDRESS 898 WASHINGTON ST

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: COMPAGNONE, TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
RONALD

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

50 x82 ft unit with exits in front and side of first floor space

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400044

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: OLGA A NICHOLAS ABDALLAH & HELEN ABDALLAH  
DONOHUE

DOING BUSINESS AS NICK'S PACKAGE STORE

ADDRESS 1041 WASHINGTON ST -1043

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: ABDALLAH,  
OLGA,A.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FRONT AND ONE REAR EXIT. STOREROOM IN REAR. A SINGLE STORY FRAME  
STRUCTURE. STOREROOM IN SINGLE STORY FRAME STRUCTURE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400045

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: K. HURLEY, INC.

DOING BUSINESS AS HURLEY'S SOUTH NORWOOD BEER & WINE

ADDRESS 1208 WASHINGTON ST

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: HURLEY, KENT

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SALESROOM ON STREET FLOOR WITH CELLAR UNDERNEATH FOR STORAGE IN A 2 1/2  
STORY BUSINESS AND RESIDENCE STRUCTURE. ONE FRONT ENTRANCE AND TWO REAR  
EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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*Alcoholic Beverages Control Commission*  
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Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400046

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KE Restaurant, Inc

DOING BUSINESS AS New Golden Abacus

ADDRESS 1275 BOSTON PROVIDENCE TPK

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: Chen Zhong Gui

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LEVEL, ONE FLOOR, WHICH INCLUDES RESTAURANT AND KITCHEN. ONE KITCHEN,  
TWO LAVATORIES. ENTRANCE AND EXIT AT THE FRONT. EMERGENCY EXIT IN REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400047

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COURTYARD MANAGEMENT CORP

DOING BUSINESS AS COURTYARD BY MARRIOTT

ADDRESS 300 RIVER RIDGE RD.

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: CANINI, MICHAEL TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO/THREE STORY, 148 ROOM HOTEL WITH A RESTAURANT, LOUNGE, TWO MEETING ROOMS AND A COURTYARD AREA WITH A POOL. LIQUOR WILL BE STORED ON FIRST FLOOR IN DESIGNATED BAR AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400048

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANELISE, INC.

DOING BUSINESS AS ACAPULCO'S MEXICAN FAMILY RESTAURANT AND CANTINA

ADDRESS 500 BOSTON PROVIDENCE TURNPIK

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: ZERMENO,

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

NORMA EMELDA

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES CONSISTS OF 4,180 SQ. FT. IN AN EXISTING ONE STORY BUILDING. 3 ENTRANCES/ EXITS, 1 MAIN ENTRANCE, 1 DELIVERY ENTRANCE, 1 EMERGENCY EXIT. PREMISES HAS KITCHEN, LOUNGE, DINING AREA AND RESTROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400050

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GWRP ENTERPRISES, INC

DOING BUSINESS AS THE WINE XPRESS

ADDRESS 151 BOSTON PROVIDENCE TURNPIKE

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: KESSEL, PETER J. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT ENTRANCE FOR CUSTOMERS. REAR ENTRANCES FOR DELIVERIES. APPROX 3600 SQ FT FLOOR. 600 SQ FT BASEMENT. ADDITIONAL 4900 SQ FT FOR STORAGE, OFFICE AND RETAIL SALES

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400054

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: B.B.B. & B. CORP

DOING BUSINESS A TGI FRIDAYS

ADDRESS 1345 BOSTON PROVIDENCE TRNPK

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: GREMZA,  
BARBRA T.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY UNIT CONTAINING 6718 SQ FT, CONTAINING DINING ROOM, KITCHEN, TWO PUBLIC BATHROOMS, ONE ENTRANCE, EXIT IN THE FRONT SIDE, EMERGENCY EXITS AT SIDE AND REAR OF BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400056

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GR PIZZA, INC

DOING BUSINESS AS TOWN PIZZA

ADDRESS 20 BROADWAY

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: PAKONSTANTI TYPE OF LICENSE: Restaurant  
NOU, ELENI

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN RESTAURANT AREA, FULL BASEMENT AND UPPER DINING ROOM. FRONT  
ENTRANCE ON BROADWAY AND AN EXIT FROM KITCHEN

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400057

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LETS EAT (NORWOOD) LLC

DOING BUSINESS AS SKY RESTAURANT BAR

ADDRESS 1369 BOSTON PROVIDENCE TPK

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: CORCORAN,  
STEPHEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE-STORY WOODEN FRAME, CLAPBOARD BUILDING, ENT/ AND EXIT AT LEFT FRONT OF BUILDING; EXIT AT THE FRONT AND SERVICE ENT/EXIT AT KITCHEN IN REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400058

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MBR GROUP, INC.

DOING BUSINESS AS MINERVA INDIAN CUISINE

ADDRESS 500 BOSTON PROVIDENCE TPK

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: REDDY, PRAKASH TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2500 SQ FT RESTAURANT WITH A SEATING CAPACITY OF 72 TWO DOORS LOCATED AT  
FRONT OF STORE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400060

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CEDAR MARKETS, INC.

DOING BUSINESS AS

ADDRESS 13 E.COTTAGE STREET

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: GHOSSOUB, ELIA TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR ON STREET LEVEL, WITH LOFT AND BASEMENT. ON E ENTRANCE/EXIT IN  
FRONT ON E. COTTAGE ST. AND ONE ENTRANCE/EXIT AT REAR OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400061

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUNG LEE, INC

DOING BUSINESS AS SHURFINE MARKET

ADDRESS 448 NAHATAN STREET

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: LEE, SOUNG

TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING BUILDING WITH FRONT ENTRANCE, TWO SIDE EXITS AND BASEMENT  
WITH DIRECT EGRESS TO THE OUTSIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400064

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHIPOTLE MEXICAN GRILL OF COLORADO, LLC

DOING BUSINESS AS CHIPOTLE MEXICAN GRILL

ADDRESS 1415 BOSTON PROVIDENCE TURNPIKE

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: ELLIS, THOMAS

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2550 sq ft of space in one story building with one entrance and one exit to patio

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400066

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SIAM FOODS, INC

DOING BUSINESS AS MINT CAFE

ADDRESS 663 WASHINGTON ST

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: SONGTACHALERT TYPE OF LICENSE: Restaurant  
, SOMBOON

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN ENTRANCE IS SET BACK APPROX 8 FEET WITH PICTURE WINDOWS TO THE LEFT  
AND RIGHT. ENTRANCE WAY IS APPROX 7 FT WIDE. ADDITIONAL EXIT IN BACK WHICH  
WILL BE USED AS A DELIVERY AND EMERGENCY EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400067

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BYBLOS RESTAURANT

DOING BUSINESS AS BYBLOS RESTAURANT

ADDRESS 678 WASHINGTON STREET

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: DAABOUL,  
MAURICE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN FLOOR OF BUILDING CONSISTING OF 7300 SQ FT WITH ENTRANCE AND EXIT ON WASHINGTON ST. CONTAINS KITCHEN, DINING ROOM, FUNCTION ROOM, HANDICAPPED BATHROOMS, WITH STAIRWAY EXIT TO REAR TO CENTRAL ST. PARKING LOT. STORAGE IN BASEMENT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400068

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE WINE VAULT, LTD.

DOING BUSINESS AS

ADDRESS 1275 BOSTON PROVIDENCE TURNPIKE

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: BERGMAN, DAVID TYPE OF LICENSE: Package Store

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL BOX CONSISTING OF 201 SQ FT WITH ONE FRONT DOOR AND ONE BACK DOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400069

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A AND L FOOD SERVICE INC.

DOING BUSINESS AS ARIANA'S RESTAURANT

ADDRESS 89B CENTRAL STREET

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: MUSABELLI,  
ARIANA

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2200 SQ FT WITH FRONT DOOR FACING CENTRAL STREET AND REAR DOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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*Alcoholic Beverages Control Commission*  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400070

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STORYBOARD LLC

DOING BUSINESS AS NORWOOD THEATRE

ADDRESS 109 CENTRAL STREET

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: LEWIS, SUSAN A. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RENOVATED HISTORIC NORWOOD THEATRE, EXTERIOR LOBBY WITH TICKET BOOTH,  
INTERIOR LOBBY WITH CONCESSION. ORCHESTRA AND BALCONY. MAIN ENTRANCE ON  
CENTRAL STREET, SECONDARY ENTRANCE INTO OFFICE & STUDIO. 2 EMERGENCY  
EXITS FROM BALCONY, REAR HAS 2 EMERGENCY EXITS FROM ORCHESTRA, 2  
EMERGENCY EXITS FROM THE INTERIOR LOBBY TO PARKING LOT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**Alcoholic Beverages Control Commission**  
239 Causeway Street  
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[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 091400071

CITY OR TOWN NORWOOD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TO BEIRUT INC.

DOING BUSINESS AS TO BEIRUT

ADDRESS 15 COTTAGE STREET EAST

CITY/TOWN: NORWOOD

STATE: MA

ZIP CODE: 02062

MANAGER: MARMANIDES,  
IRENE

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and  
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1400 SQ FT ON FIRST FLOOR WITH KITCHEN, BASEMENT AREA FOR  
STORAGE..BATHROOMS ON SECOND FLOOR..HANDICAPPED BATHROOM ON FIRST  
FLOOR WITH FRONT ENTRANCE AND REAR EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE: